## State Charter School Commission

## Intent to Submit a Charter School Application

Proposed Charter School Name:	
Proposed School Location:	
Proposed Grade Levels:	
School Program Design: Please attach a ba anticipated contract with an education serv	rief description (150 words or less) including any ice provider.
Target Population:	
Projected Enrollment Year 1:	Projected Total Enrollment:
Anticipated opening date:	_
Contact Person:	
Relationship to Applicant Entity:	
Name of Applicant Organization:	
Address:	
Contact Telephone Number:	Email:
This indicates our intention to submit an application in response to the RFP issued by the State Charter School Commission. I understand that this document is not part of the application, but that I must provide this document to the Commission within 15 days of the issue of the RFP if I wish to submit an application.	
Signature:	Date:
For Office use	
Date of receipt:	
Received by:	

State Charter School Commission 111 Sewall Street, 5<sup>th</sup> Floor 23 State House Station Augusta, ME 04333 (207) 624-6791 – fax mcsc@maine.gov